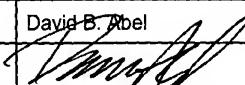


Please type a plus sign (+) inside this box →

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22386 U.S. PTO  
10/664682  
09/19/03

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		<i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>
		Attorney Docket No. <b>45144-00051</b>
		First Inventor <b>Kazutoshi Kaizuka</b>
		Title <b>HAIR CURLER</b>
		Express Mail Label No. <b>EV 272713182 US</b>

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages <b>9</b> ] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [ Total Sheets <b>1</b> ]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration [ Total Pages <b>3</b> ]		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> <input type="checkbox"/> Attorney	
a. <input checked="" type="checkbox"/> Newly executed (original or copy) <i>Unsigned</i> Copy from a prior application (37 CFR 1.63 (d))		11. <input type="checkbox"/> English Translation Document (if applicable)	
b. <input type="checkbox"/> (for continuation/divisional with Box 18 completed)		12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		13. <input type="checkbox"/> Preliminary Amendment	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input checked="" type="checkbox"/> Other: Check <i>Cert.</i> of Mailing Ext. of Time	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		of prior application No.: _____ / _____ Group Art Unit: _____	
Prior application information: Examiner _____			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>		or <input checked="" type="checkbox"/> Correspondence address below	
Name	Squire, Sanders & Dempsey L.L.P		
Address	801 S. Figueroa Street 14th Floor		
City	Los Angeles	State	California
Country		Telephone	(213) 624-2500
Telephone		Fax	(213) 623-4581
Name (Print/Type)	David B. Abel	Registration No. (Attorney/Agent)	32,394
Signature			Date 09/19/03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

1638 U.S. PTO  
09/19/03

PTO/SB/17 (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2001

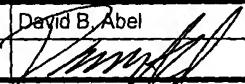
Patent fees are subject to annual revision.

<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)	375.00
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## Complete if Known

Application Number	Not Yet Assigned
Filing Date	September 19, 2003
First Named Inventor	Kazutoshi Kaizuka
Examiner Name	Not Yet Assigned
Group Art Unit	Not Yet Assigned
Attorney Docket No.	45144-00051

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																	
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <input type="text" value="07-1853"/></p> <p>Deposit Account Name <input type="text" value="Squire, Sanders &amp; Dempsey L.L.P."/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>3. ADDITIONAL FEES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity</th> <th style="width: 15%;">Small Entity</th> <th style="width: 60%;">Fee Description</th> <th style="width: 10%;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th></th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4"><b>Other fee (specify) _____</b></td></tr> <tr> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (1)</b> <input type="text" value="(\$ 375.00)"/></td> <td colspan="2" style="text-align: right;"><b>SUBTOTAL (3)</b> <input type="text" value="(\$ )"/></td> </tr> </tbody> </table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee (\$)		105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	390	216	195	117	890	217	445	118	1,390	218	695	128	1,890	228	945	119	310	219	155	120	310	220	155	121	270	221	135	138	1,510	138	1,510	140	110	240	55	141	1,240	241	620	142	1,240	242	620	143	440	243	220	144	600	244	300	122	130	122	130	123	50	123	50	126	180	126	180	581	40	581	40	146	710	246	355	149	710	249	355	179	710	279	355	169	900	169	900	<b>Other fee (specify) _____</b>				<b>SUBTOTAL (1)</b> <input type="text" value="(\$ 375.00)"/>		<b>SUBTOTAL (3)</b> <input type="text" value="(\$ )"/>	
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<p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p><b>FEE CALCULATION</b></p> <p>1. BASIC FILING FEE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Large Entity</th> <th style="width: 15%;">Small Entity</th> <th style="width: 60%;">Fee Description</th> <th style="width: 10%;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th></th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td></tr> <tr><td colspan="4" style="text-align: right;"><b>SUBTOTAL (1)</b> <input type="text" value="(\$ 375.00)"/></td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Total Claims</th> <th style="width: 15%;">Independent Claims</th> <th style="width: 15%;">Extra Claims</th> <th style="width: 15%;">Fee from below</th> <th style="width: 15%;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>9</td><td>2</td><td>-20** = -0 -</td><td>X</td><td>= -0 -</td></tr> <tr><td>2</td><td></td><td>- 3** = -0 -</td><td>X</td><td>= -0 -</td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b> <input type="text" value="(\$ 0)"/></td></tr> </tbody> </table> <p>*or number previously paid, if greater; For Reissues, see above</p>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee (\$)		101	710	201	355	106	320	206	160	107	490	207	245	108	710	208	355	114	150	214	75	<b>SUBTOTAL (1)</b> <input type="text" value="(\$ 375.00)"/>				Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid	Fee Code (\$)	Fee Code (\$)				9	2	-20** = -0 -	X	= -0 -	2		- 3** = -0 -	X	= -0 -	<b>SUBTOTAL (2)</b> <input type="text" value="(\$ 0)"/>					<p>Fee Description</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Utility filing fee</td><td><input type="text" value="375.00"/></td></tr> <tr><td>Design filing fee</td><td></td></tr> <tr><td>Plant filing fee</td><td></td></tr> <tr><td>Reissue filing fee</td><td></td></tr> <tr><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="2" style="text-align: right;"><b>SUBTOTAL (3)</b> <input type="text" value="(\$ )"/></td></tr> </table> <p>*Reduced by Basic Filing Fee Paid</p>		Utility filing fee	<input type="text" value="375.00"/>	Design filing fee		Plant filing fee		Reissue filing fee		Provisional filing fee		<b>SUBTOTAL (3)</b> <input type="text" value="(\$ )"/>																																																										
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SUBMITTED BY		Complete if applicable	
Name (Print/Type) <input type="text" value="David B. Abel"/>	Signature 	Registration No. (Attorney/Agent) <input type="text" value="32,394"/>	Telephone <input type="text" value="(213) 624-2500"/>
Signature 		Date <input type="text" value="09/19/03"/>	

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LA 51995

**PATENT**

CERTIFICATE OF MAILING	
I hereby certify that on September 19, 2003 this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
37 C.F.R. § 1.8(a) 37 C.F.R. § 1.10 <input type="checkbox"/> with sufficient postage <input checked="" type="checkbox"/> as "Express Mail Post Office to	
as first class mail	Addressee" Mailing Label No. EV 272713182 US
June L. Etheridge	

Applicant: Kazutoshi Kaizuka  
Serial No.: Not Yet Assigned  
Filed: September 19, 2003  
Title: HAIR CURLER  
Examiner: Not Yet Assigned  
Group Art Unit: Not Yet Assigned

Attorney Docket No.: 45144-00051

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**GENERAL AUTHORIZATION/REQUEST TO PETITION FOR EXTENSIONS OF TIME**

Mail Stop – Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

With reference to the subject application, and pursuant to 37 C.F.R. § 1.136, Applicant hereby authorizes and requests the Commissioner to treat any correspondence requiring a petition for extension of time as containing such a request therefor for the appropriate length of time. This general authorization is effective during the pendency of this application, including any division or continuing application therefrom.

Where no check is received by the Commissioner, you are hereby authorized to charge payment of the requisite petition fees, or charge any additional fee required under 37 C.F.R. § 1.17, or credit any overpayment of same, to Deposit Account No. 07-1853. A duplicate copy of this general authorization is enclosed.

Respectfully submitted,



David B. Abel  
Attorney for Applicant  
Registration No. 32,394

**SQUIRE, SANDERS & DEMPSEY L.L.P.**  
801 S. Figueroa St., 14th Fl.  
Los Angeles, CA 90017-5554  
Telephone: (213) 624-2500

Patent  
45144-00051

CERTIFICATE OF MAILING  
(37 C.F.R. § 1.10)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EV 272713182 US  
Express Mail Label No.

June L. Etheridge  
Name of Person Mailing Paper

September 19, 2003  
Date of Deposit

June L. Etheridge  
Signature of Person Mailing Paper